TOOLKIT 17 · TELEMEDICINE · TOOL 2 OF 4

"Is This Suitable for Telemedicine?" — Triage Card and Emergency Escalation

What can be done remotely, what cannot, and what to do when a remote consultation turns into an emergency

SUITABLE FOR REMOTE	NEEDS IN-PERSON	EMERGENCY — END THE CALL AND ESCALATE
• Follow-up of a known, stable condition	• First assessment of a new serious symptom	• Chest pain; severe breathlessness; blue lips
• Medication review; repeat prescriptions	• Anything needing examination by touch: abdomen, joints, lymph nodes, ears, chest	• Stroke signs: face, arm, speech
• Results explanation	• Procedures, injections, vaccinations, samples	• Confusion, drowsiness, collapse
• Mental-health follow-up and counselling	• Children under 1 with fever	• Severe bleeding; severe allergic reaction
• Skin conditions with a clear photo	• Pregnancy problems	• Suicidal intent with a plan
• Minor illness triage (cold, sore throat) with advice	• Suspected fracture, deep wound, eye injury	• Fitting; severe abdominal pain; a child who is limp
• Chronic-disease monitoring with home readings	• Patient cannot use the technology or has no private space	• Any deterioration during the call
• Post-operative check with the wound visible	• Controlled-drug prescribing (first prescription)	

Escalation steps

1. Say: "I am worried about you. This needs to be seen now. I am going to call an ambulance to [address confirmed at step 3 of the consent script]. Stay on the line if you can."
2. Call emergency services with the patient's location, condition and your callback number — from a second line if possible, so the patient is not left alone.
3. If someone is with the patient, instruct them (position, airway, pressure on bleeding, stay).
4. Document the time of escalation and the service called. Follow up within 24 hours.

ASF standards: Telemedicine Standard 3 — appropriateness and escalation (means of verification: card displayed; escalation log)